

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

This office has been registering deaths occurring in Nebraska since 1904.

PLEASE TYPE OR PRINT LEGIBLY

Full name of deceased _____

(If female, list married name or any other name decedent may have used)

City or town of death _____ County of death _____

(If exact place of death is not known, list last known address)

Month, day, and year of death _____

(If exact date of death is unknown, list date decedent was last known to be alive or indicate a span of years to search)

How are you related to decedent? _____

For what purpose is this record to be used? _____

The information in this section is optional information to assist our office in locating and identifying the requested record:

Year of birth _____ Birthplace _____

Spouse's full name _____ Home address _____

Father's full name _____

Mother's full maiden name _____

Funeral Director _____ City _____

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

IF OTHER THAN FUNERAL DIRECTOR, PLEASE ENCLOSE A PHOTOCOPY OF YOUR PHOTO ID (i.e., DRIVER'S LICENSE) WHEN MAILING THIS REQUEST IN.

SIGNATURE _____

Type or print name _____

Mailing Address _____

City, State, Zip _____

Today's Date _____

If copies are to be sent to another address, enter that mailing address below:

Name: _____

Street Address: _____

City, State, Zip: _____

FOR OFFICE USE ONLY

☐ Check ☐ MO ☐ Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION:

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$11.00 each - \$ _____ Total

Mail to:

Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped,
self-addressed business
size envelope.)

Bring to:

Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621